

CARE LINK COMMUNITY TEAM

The CareVio Community Team provides community-based case management services. We are located throughout the State of **Delaware with offices** in Wilmington, Smyrna, and Georgetown. The **Community Team** supports CareVio members to address **SDOH and behavioral** health needs, engage in primary care, selfmanage, and complete their patient centered goals.

Contact CareVio Community Team at 302-320-5600



COMMUNITY

CareVio

Community Team

Why CareVio Community is So Vital to Our Community

Health care is about so much more than just medicine. The best patient care plan means little to someone who doesn't have safe, adequate housing, access to nutritious meals or a way to get to the doctor's office or pharmacy. Behavioral and mental health challenges, illiteracy and family challenges create insurmountable barriers to optimal health. Care Vio Community is uniquely designed to address the challenging set of circumstances affecting the health of "super- users" - the top 1–5 percent of the population with multiple chronic diseases, complex behavioral health needs and/or social barriers to health.

Seasoned social workers, nurses and community workers with disease-specific knowledge and awareness use interactive interventions to engage patients in their own care and help them build relationships with community support services. The CareVio Community Team provides care management to the identified high-risk population utilizing predictive analytics that allows identification of healthcare utilization and identification of gaps in care and develops interactive care plans to address care gaps. CareVio Community Team collaborates with community, government, and healthcare agencies to identify resources to meet mental health, legal, social determinant of health, substance usage, and other issues.

CareVio Community links patients with appropriate community services to put personalized care plans in place to promote safety, empowerment, self-management and health. The goal is to increase member self-reliance while gradually decreasing Community Team support — but we remain available whenever needed.

- In-person psycho-social assessments and home evaluations.
- Patient education on behavioral health and chronic disease self-management.
- Connecting and engaging patients in behavioral health and medical care
- Increase patient engagement through motivational interviewing
- Supporting patients to keep medical and social services appointments.
- Assistance connecting with benefits and social service programs.
- Fostering community relationships and resources.
- Screening and assessment of mental health and substance use disorders via face to face visits and traditional telephone calls
- Care management to support self-management and positive health outcomes